



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Permit to Operate a Residential Kitchen

Fee: \$85.00

Name of Business: _____

Address: _____

Tel: _____ **Email:** _____

Name and Title of Applicant: _____

List the types of foods to be made: _____

Provide a list of food suppliers (where food is purchased): _____

Do you sell your products to other food establishments?	YES	NO
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Do you sell your products directly to the consumer?	YES	NO
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Do you have a Wholesale Permit from the Mass. Dept of Public Health?	YES	NO
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*****If yes, provide a copy of your permit from the State*******

All foods prepared in a residential kitchen must be labeled with all ingredients (in order of amount by volume), name of residential kitchen, address and/or phone number, and sell-by-date, if required.

*****Provide copies of labels for all products.**

Food products manufactured in Massachusetts's residential kitchens may not be sold out-of-state.

Signature of Applicant: _____ **Date:** _____